



## CANINE PET

### PATIENT INFORMATION:

Dog's Name \_\_\_\_\_

Microchip Number \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_

Date-of-Birth or Approximate Age \_\_\_\_\_

Current Dog Food \_\_\_\_\_

Previous Veterinary Clinic \_\_\_\_\_

Male  Female  Neutered/Spayed

- I brought my pet's medical records today
- Please call to get my pets medical records \_\_\_\_\_
- My pet does not have any previous medical records.

**List all other pets in the household:** \_\_\_\_\_

\_\_\_\_\_

**Can I have peanut butter and treats while in the clinic?**

Yes  No



## FELINE PET

### PATIENT INFORMATION:

Cat's Name \_\_\_\_\_

Microchip Number \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_

Date-of-Birth or Approximate Age \_\_\_\_\_

Current Cat Food \_\_\_\_\_

Previous Veterinary Clinic \_\_\_\_\_

Male  Female  Neutered/Spayed

- I brought my pet's medical records today
- Please call to get my pets medical records \_\_\_\_\_
- My pet does not have any previous medical records

**List all other pets in the household:** \_\_\_\_\_

\_\_\_\_\_

**Can I have treats while in the clinic?**

Yes  No

